

BUDGET LETTER

		NUMBER: 01-15
SUBJECT:	EMPLOYER CONTRIBUTION RATE INCREASES FOR HEALTH BENEFITS (FOR CSEA EMPLOYEES)	DATE ISSUED: July 2, 2001
REFERENCES:	DEPARTMENT OF PERSONNEL ADMINISTRATION'S PERSONNEL MANAGEMENT LIAISON (PML) 2001-027	SUPERSEDES:

TO: Agency Secretaries
Department Directors
Departmental Budget Officers
Departmental Accounting Officers
Department of Finance Budget Staff

FROM: DEPARTMENT OF FINANCE

BUDGET OFFICERS ARE REQUESTED TO FORWARD A COPY OF THIS BUDGET LETTER TO DEPARTMENTAL PERSONNEL AND LABOR RELATIONS OFFICERS.

This Budget Letter addresses the 2000-01 cost of increasing the State employer's maximum monthly contribution for health benefits for the period of January 1, 2001, through June 30, 2001, for employees represented by the California State Employees' Association (CSEA). Additionally, this Budget Letter provides year-end reporting instructions for the increase in the employer's health benefit costs, as specified in this Budget Letter, and departmental costs resulting from the Excluded Employee Leave Buy Back Program.

A. Background

The Department of Personnel Administration (DPA) recently negotiated agreements with the following bargaining units to increase the State employer's maximum monthly contribution for health benefits for the six-month period:

- Unit 1, Administrative, Financial, and Staff Services, CSEA
- Unit 3, Education and Library, CSEA
- Unit 4, Office and Allied, CSEA
- Unit 11, Engineering and Scientific Technician, CSEA
- Unit 14, Printing Trades, CSEA
- Unit 15, Allied Services, CSEA
- Unit 17, Registered Nurses, CSEA
- Unit 20, Medical and Social Services, CSEA
- Unit 21, Educational Consultant, Library, and Maritime, CSEA

These agreements included a provision requiring the State employer's maximum monthly contribution for health benefits to return to the amount that was in effect on December 31, 2000, unless subsequently adjusted through the collective bargaining process.

For the employees represented by the nine bargaining units identified above, Chapter 22, Statutes of 2001 (SB 1022), provides the necessary appropriation authority to increase the State employer's

maximum monthly contribution for health benefits for the six-month period in 2000-01. Through Personnel Management Liaison (PML) 2001-027, which was released on June 26, 2001, DPA approved a retroactive adjustment to increase the State employer's maximum monthly contribution for health benefits for employees represented by the nine bargaining units specified in this Budget Letter from January 1, 2001, through June 30, 2001. The following schedule reflects the six-month change in the employer's maximum monthly contribution for health benefits:

Single	\$ 8.00
2-Party	\$ 16.00
Family	\$ 21.00

This Budget Letter provides instructions to assist departments with the process of requesting additional funding for the cost of the six-month health benefit adjustment. This Budget Letter does not apply to the personnel of the University of California, the California State University, Hastings College of Law, or State Active Duty personnel of the Military Department.

B. Instructions

Attachment I reflects departmental enrollment data, as of April 2001, (Single, 2-Party, Family, and Cash Option) as provided by the State Controller's Office, for represented employees who are members of Units 1, 3, 4, 11, 14, 15, 17, 20, and 21. Additionally, Attachment I provides the corresponding six-month cost of increasing the employer's maximum monthly contribution for health benefits under the "Total Adjustment" column.

Departments may use the "Total Adjustment" on Attachment I as the total request for the six-month cost of the health benefit adjustment. Departments using the "Total Adjustment" reflected on Attachment I are not required to complete Attachment II and should schedule the "Total Adjustment" on Attachment III. Information provided on Attachment III will be used to allocate expenditure authority for 2000-01 through an Executive Order.

Should departments submit a request that is greater than the "Total Adjustment" reflected on Attachment I, departments must complete Attachment II and provide their Finance Budget Analyst with both supporting documentation and an explanation justifying the higher request. Attachment II provides departments with instructions on how to calculate the total costs associated with the six-month change in the State employer's maximum monthly contribution for health benefits. Each department requesting funding for the six-month cost of the health benefit adjustment must complete Attachment III.

Departments requesting funding for an increase in the State employer's maximum monthly contribution for health benefits under the terms of an interagency agreement must complete Attachment II, Attachment III, and Attachment IV. Attachment IV must be completed by the department paying personnel costs under the interagency agreement. An adjustment will be considered under the following conditions:

- The department paying for the services under the terms of the interagency agreement must incur additional costs resulting from the health benefit adjustment approved by DPA and identified in this Budget Letter.
- For each interagency agreement, the total adjustment must meet or exceed \$10,000 to be eligible for inclusion on Attachment IV.
- Departments paying personnel costs under an interagency agreement must complete Attachment IV.
- Departments may use an average change in the State employer's maximum monthly contribution for health benefits (\$15) when completing Attachment IV.

- The department receiving payment under the interagency agreement must reflect the receipt as reimbursements in the appropriate schedules in their respective budget items.

Please note that increases in the State employer's maximum monthly contribution for health benefits are not subject to retirement contributions or other salary driven benefits.

C. Year-end Reporting

The two pending Executive Orders to allocate expenditure authority for: (1) the employer's share of health benefit costs as specified in this Budget Letter, and (2) the costs of the Excluded Employee Leave Buy Back Program, as previously submitted to the Department of Finance, were not processed by the State Controller's Office (SCO) before June 30, 2001. The delay in processing the Executive Orders is due to late enactment of legislation that provides the funding for the augmentations. Therefore, departmental budget staff must provide these augmentation amounts to their accounting offices for inclusion in the fiscal year 2000-01 year-end statements.

The augmentations will be shown as pending Executive Orders on the Final Reconciliation of Controller's Accounts with Final Budget Report, Report No. 5, and included in the appropriations on the Final Budget Report, Report No. 6. Additional year-end reporting information is available in the State Administrative Manual Section 7950 et seq., the Year-End Financial Reports Training manual issued by the SCO, Budget Letters 01-09 and 01-10, and for CALSTARS agencies, Volume 7 of the CALSTARS Procedures Manual.

D. Due Date

Departments are required to return all health benefit worksheets to their respective Finance Budget Analyst as soon as possible but **no later than July 11, 2001.**

Please direct your questions to the following entities:

- Questions concerning year-end reporting requirements for the two pending Executive Orders should be directed to Glenda Clark of the Department of Finance, Fiscal Systems and Consulting Unit at (916) 445-3434 (CNET 485-3434), extension 2140, or e-mail figclark@dof.ca.gov. CALSTARS agencies can contact the CALSTARS' Hotline at (916) 327-0100 (CNET 467-0100), or e-mail hotline@dof.ca.gov.
- Questions related to provisions of a Memorandum of Understanding should be directed to your department's Labor Relations Office or DPA.
- Technical guidance on provisions of, or attachments to, this Budget Letter should be directed to either John Hiber or Rachael LaFlam of the Department of Finance, Administration Unit, at (916) 445-3274 (CNET 485-3274).

/s/ Yoshie Fujiwara

Yoshie Fujiwara
Program Budget Manager

Attachments

Upcoming Budget Letters

- Automated Reconciliation with Appropriations Budget Process
- Budget Revision Instructions for Departments using Calstars and Other Automated Systems
- Supplemental Language Report Requests
- Escalation of Construction Costs
- Changes to Statewide Sections
- Expenditure Authorization Controls
- Updating Capital Outlay Fiscal Impact Worksheet for Legislative Changes
- Initial Past Year Schedule 10s

Health Benefit Enrollment by Party Code for Units 1, 3, 4, 11, 14, 15, 17, 20, 21
BL 01-15 (WHOLE DOLLARS)

Attachment I
 (Page 1 of 2)

Org Code	Department Name	Enrollment by Party Code					Enrollment x Contribution Change x 6 months				
		Single	2-Party	Family	Cash	TOTAL	Single \$8	2-Party \$16	Family \$21	Cash \$0	TOTAL ADJUSTMENT
0505	DEPT OF INFO TECH	5	8	10	4	27	240	768	1,260	-	2,268
0510	SECTY STATE & CONSUM SVS AGY	1	-	1	1	3	48	-	126	-	174
0530	HEALTH & HUMAN SVS AGY	-	1	2	-	3	-	96	252	-	348
0540	RESOURCE AGY	2	2	6	1	11	96	192	756	-	1,044
0550	YOUTH AND ADULT CORRECT AGY	-	-	1	-	1	-	-	126	-	126
0555	SECTY ENVIRMTL PROTECT	4	4	7	3	18	192	384	882	-	1,458
0690	OFF EMERG SVS	89	75	90	30	284	4,272	7,200	11,340	-	22,812
0820	JUSTICE	675	482	711	290	2,158	32,400	46,272	89,586	-	168,258
0840	CONTROLLER'S OFFICE	234	143	284	117	778	11,232	13,728	35,784	-	60,744
0845	INSURANCE	169	113	217	87	586	8,112	10,848	27,342	-	46,302
0855	GAMBLING CONTROL COMM	-	1	-	-	1	-	96	-	-	96
0860	BOARD OF EQUALIZATION	956	634	1,173	509	3,272	45,888	60,864	147,798	-	254,550
0890	SECTY OF STATE	101	66	126	54	347	4,848	6,336	15,876	-	27,060
0950	STATE TREASURER	50	34	42	17	143	2,400	3,264	5,292	-	10,956
0954	SCHOLARSHIP INVEST BOARD	1	1	-	-	2	48	96	-	-	144
0956	CA DEBT ADVISORY COMM	5	2	1	3	11	240	192	126	-	558
0959	DEBT LIMIT ALLOC COMM	2	-	1	2	5	96	-	126	-	222
0965	INDSTRL DEVELOP FIN ADVSY COMM	-	-	1	-	1	-	-	126	-	126
0968	TAX CREDIT ALLOC COMM	5	2	7	2	16	240	192	882	-	1,314
0974	POLLUTN CONTRL FIN AUTH	1	1	5	1	8	48	96	630	-	774
0977	HEALTH FACILITIES FIN AUTH	-	5	-	-	5	-	480	-	-	480
1100	SCIENCE CENTER	27	16	23	6	72	1,296	1,536	2,898	-	5,730
1111	CONSUMER AFFAIRS	411	340	551	241	1,543	19,728	32,640	69,426	-	121,794
1700	FAIR EMPLOY & HOUS	53	48	94	26	221	2,544	4,608	11,844	-	18,996
1705	FAIR EMPLOY & HOUS COMM	1	-	1	-	2	48	-	126	-	174
1730	FRANCHISE TAX BOARD	1,161	876	1,407	619	4,063	55,728	84,096	177,282	-	317,106
1760	GENERAL SERVICES	610	490	737	340	2,177	29,280	47,040	92,862	-	169,182
1880	STATE PERSONNEL BOARD	27	23	29	18	97	1,296	2,208	3,654	-	7,158
1900	PUB EMPLOY RETIREMENT SYS	311	229	402	194	1,136	14,928	21,984	50,652	-	87,564
1920	TEACHERS RETIREMENT SYS	94	91	130	43	358	4,512	8,736	16,380	-	29,628
2100	ALCOHOL BEVERAGE CONTROL	33	36	32	13	114	1,584	3,456	4,032	-	9,072
2120	ALCOHOL BEV CONTROL APPPLS BD	-	-	1	1	2	-	-	126	-	126
2150	FINANCIAL INSTITUTION	69	19	47	21	156	3,312	1,824	5,922	-	11,058
2180	CORPORATIONS	51	34	62	17	164	2,448	3,264	7,812	-	13,524
2240	HOUS & COMMUNITY DEVELOP	108	46	122	65	341	5,184	4,416	15,372	-	24,972
2260	HOUS FINANCE AGY	40	23	38	23	124	1,920	2,208	4,788	-	8,916
2310	OFFC REAL ESTATE APPRSRS	10	3	10	3	26	480	288	1,260	-	2,028
2320	REAL ESTATE	53	30	36	15	134	2,544	2,880	4,536	-	9,960
2400	MANAGED CARE	44	27	54	17	142	2,112	2,592	6,804	-	11,508
2600	TRANSPORT COMM	1	1	1	-	3	48	96	126	-	270
2660	TRANSPORTATION	1,838	1,322	2,247	854	6,261	88,224	126,912	283,122	-	498,258
2665	HIGH SPEED RAIL AUTH	1	-	-	-	1	48	-	-	-	48
2700	TRAFFIC SAFETY	5	5	12	1	23	240	480	1,512	-	2,232
2720	HIGHWAY PATROL	290	267	406	223	1,186	13,920	25,632	51,156	-	90,708
2740	MOTOR VEHICLES	1,678	1,372	2,539	624	6,213	80,544	131,712	319,914	-	532,170
2780	TEALE DATA CENTER	57	73	102	51	283	2,736	7,008	12,852	-	22,596
2920	TECH, TRADE & COMMERCE AGY	79	31	61	34	205	3,792	2,976	7,686	-	14,454
3125	TAHOE CONSERVANCY	7	3	6	1	17	336	288	756	-	1,380
3340	CONSERVATION CORPS	40	32	76	22	170	1,920	3,072	9,576	-	14,568
3360	ENERGY RES CONS & DEV COMM	49	31	41	29	150	2,352	2,976	5,166	-	10,494
3460	COLORADO RIVER BOARD	2	1	-	-	3	96	96	-	-	192
3480	CONSERVATION	117	66	96	63	342	5,616	6,336	12,096	-	24,048
3540	FORESTRY	165	116	187	93	561	7,920	11,136	23,562	-	42,618
3560	STATE LANDS COMM	21	21	23	17	82	1,008	2,016	2,898	-	5,922
3600	FISH & GAME	171	135	248	103	657	8,208	12,960	31,248	-	52,416
3640	WILDLIFE CONSERVATION	5	5	9	1	20	240	480	1,134	-	1,854
3680	BOATING & WATERWAYS	15	9	19	7	50	720	864	2,394	-	3,978
3720	COASTAL COMM	54	15	22	11	102	2,592	1,440	2,772	-	6,804
3760	COASTAL CONSERVANCY	21	8	4	6	39	1,008	768	504	-	2,280
3780	NATIVE AMER HERT COMM	-	-	1	-	1	-	-	126	-	126
3790	PARKS & REC	228	148	178	91	645	10,944	14,208	22,428	-	47,580
3810	SANTA MONICA MTS CONSERV	-	-	1	-	1	-	-	126	-	126
3820	SF BAY CONS & DEV COMM	10	4	5	2	21	480	384	630	-	1,494
3830	SAN JOAQUIN RIVER CONSER	-	-	1	-	1	-	-	126	-	126
3850	COACHELLA VALLY MT CONSERV	-	-	1	-	1	-	-	126	-	126
3860	WATER RESOURCES	246	188	325	125	884	11,808	18,048	40,950	-	70,806
3900	AIR RESOURCES BOARD	84	60	112	25	281	4,032	5,760	14,112	-	23,904
3910	INT WASTE MGMT BOARD	38	31	54	17	140	1,824	2,976	6,804	-	11,604
3930	PESTICIDE REGULATION	43	36	60	36	175	2,064	3,456	7,560	-	13,080
3940	WATER RESOURCES CONTROL BD	115	111	153	60	439	5,520	10,656	19,278	-	35,454
3960	TOXICS	89	72	97	50	308	4,272	6,912	12,222	-	23,406

Health Benefit Enrollment by Party Code for Units 1, 3, 4, 11, 14, 15, 17, 20, 21
BL 01-15 (WHOLE DOLLARS)

Attachment I
 (Page 2 of 2)

Org Code	Department Name	Enrollment by Party Code					Enrollment x Contribution Change x 6 months				
		Single	2-Party	Family	Cash	TOTAL	Single \$8	2-Party \$16	Family \$21	Cash \$0	TOTAL ADJUSTMENT
3980	ENVIRNMTL HLTH HAZRD ASSESS	14	4	10	7	35	672	384	1,260	-	2,316
4100	STATE COUNCIL DEVEL DISABL	1	-	1	-	2	48	-	126	-	174
4110	AREA BDS ON DVLPMTL DISABIL	30	11	20	12	73	1,440	1,056	2,520	-	5,016
4120	EMERG MED SERV AUTH	10	11	5	8	34	480	1,056	630	-	2,166
4130	HLTH/HUMAN SERV DATA CTR	123	80	142	56	401	5,904	7,680	17,892	-	31,476
4140	STATEWIDE HLTHPLANNING & DEV	55	39	67	33	194	2,640	3,744	8,442	-	14,826
4170	AGING	25	20	15	6	66	1,200	1,920	1,890	-	5,010
4180	COMM ON AGING	-	1	-	1	2	-	96	-	-	96
4200	ALCOHOL & DRUG PROGRAMS	70	41	74	34	219	3,360	3,936	9,324	-	16,620
4220	CHILD DEV POLICY ADV COMM	-	1	4	-	5	-	96	504	-	600
4250	CHILDREN & FAMILIES COMM	8	2	8	5	23	384	192	1,008	-	1,584
4260	HEALTH SERVICES	1,115	792	1,172	577	3,656	53,520	76,032	147,672	-	277,224
4280	MANAGED RISK MED INS BD	5	5	10	8	28	240	480	1,260	-	1,980
4300	DEVELOPMENTAL SERVICES	817	650	1,354	440	3,261	39,216	62,400	170,604	-	272,220
4440	MENTAL HEALTH	766	639	1,192	450	3,047	36,768	61,344	150,192	-	248,304
4700	COMM SERVICES & DEVELOPMT	17	17	26	12	72	816	1,632	3,276	-	5,724
5100	EMPLOY DEVELOP DEPT	2,240	1,781	2,539	843	7,403	107,520	170,976	319,914	-	598,410
5160	REHABILITATION	243	171	232	102	748	11,664	16,416	29,232	-	57,312
5170	INDPT LIVING COUNCIL	1	1	-	-	2	48	96	-	-	144
5175	CHILD SUPPORT SERVICES	30	25	42	24	121	1,440	2,400	5,292	-	9,132
5180	SOCIAL SERVICES	789	571	908	387	2,655	37,872	54,816	114,408	-	207,096
5240	CORRECTIONS	2,149	2,021	3,430	2,072	9,672	103,152	194,016	432,180	-	729,348
5430	BD OF CORRECTIONS	10	6	4	5	25	480	576	504	-	1,560
5440	BD OF PRISON TERMS	17	16	14	8	55	816	1,536	1,764	-	4,116
5450	YOUTHFUL OFFENDER PAROLE BD	3	1	3	-	7	144	96	378	-	618
5460	YOUTH AUTHORITY	365	333	519	199	1,416	17,520	31,968	65,394	-	114,882
5480	PEACE OFFCR STDS & TRNG	19	14	23	11	67	912	1,344	2,898	-	5,154
6050	EDUC FACILITIES AUTH	1	-	2	-	3	48	-	252	-	300
6110	EDUCATION	602	393	569	280	1,844	28,896	37,728	71,694	-	138,318
6120	STATE LIBRARY	63	38	46	25	172	3,024	3,648	5,796	-	12,468
6255	SUMMER SCHOOL - ARTS	-	-	1	1	2	-	-	126	-	126
6330	OCCUP INFO COORD COMM	-	1	-	-	1	-	96	-	-	96
6360	TEACHER CREDENTIAL COMM	31	34	52	23	140	1,488	3,264	6,552	-	11,304
6420	POSTSECONDARY EDUC COMM	6	7	15	4	32	288	672	1,890	-	2,850
6870	BD OF GOV COMM COLLEGES	67	44	49	18	178	3,216	4,224	6,174	-	13,614
7980	STUDENT AID COMM	53	35	50	27	165	2,544	3,360	6,300	-	12,204
8100	OFFC CRIMINAL JUST PLANNING	43	20	32	17	112	2,064	1,920	4,032	-	8,016
8120	COMM PEACE OFFCR STDS & TRNG	3	1	4	-	8	144	96	504	-	744
8140	STATE PUBLIC DEFENDER	22	7	8	1	38	1,056	672	1,008	-	2,736
8260	ARTS COUNCIL	8	1	6	7	22	384	96	756	-	1,236
8300	AGRIC LABOR RELATIONS BD	4	1	10	1	16	192	96	1,260	-	1,548
8350	INDUSTRIAL RELATIONS	388	310	478	164	1,340	18,624	29,760	60,228	-	108,612
8500	BD OF CHIROPRACTIC EXAMRS	5	1	-	2	8	240	96	-	-	336
8510	BD OF OSTEOPATHIC EXAMRS	-	1	1	-	2	-	96	126	-	222
8530	PILOT COMM	-	1	-	-	1	-	96	-	-	96
8550	HORSE RACING BOARD	8	5	2	3	18	384	480	252	-	1,116
8570	FOOD & AGRICULTURE	171	138	208	66	583	8,208	13,248	26,208	-	47,664
8620	FAIR POLITICAL PRACTICES COMM	14	6	10	6	36	672	576	1,260	-	2,508
8660	PUBLIC UTILITIES COMM	182	94	145	56	477	8,736	9,024	18,270	-	36,030
8690	SEISMIC SAFETY COMM	-	-	1	-	1	-	-	126	-	126
8700	VICT COMP & GOVT CLAIMS BD	96	48	95	47	286	4,608	4,608	11,970	-	21,186
8770	ELECTRICITY OVERSIGHT BOARD	1	-	3	-	4	48	-	378	-	426
8780	COMM STATE GOVT ORG & ECON	2	2	1	-	5	96	192	126	-	414
8820	COMM ON STATUS OF WOMEN	1	1	1	-	3	48	96	126	-	270
8830	LAW REVISION COMM	-	-	1	1	2	-	-	126	-	126
8860	FINANCE	15	7	9	10	41	720	672	1,134	-	2,526
8885	COMM ON STATE MANDATES	2	2	2	1	7	96	192	252	-	540
8910	OFFC ADMIN LAW	6	2	2	-	10	288	192	252	-	732
8940	MILITARY	33	31	20	14	98	1,584	2,976	2,520	-	7,080
8950	VETERANS AFFAIRS	53	42	65	43	203	2,544	4,032	8,190	-	14,766
8960	VETERANS AFFAIRS - YOUNTVILLE	158	129	333	95	715	7,584	12,384	41,958	-	61,926
8965	VETERANS AFFAIRS - BARSTOW	35	32	104	32	203	1,680	3,072	13,104	-	17,856
8966	VETERANS AFFAIRS - CHULA VISTA	25	12	34	14	85	1,200	1,152	4,284	-	6,636

Report Date: April 2001

* There is no change in the employer's contribution on behalf of employees opting for cash value (traditional FlexElect, Cash Option, or COBEN).

HEALTH BENEFIT INCREASE WORKSHEET FOR UNITS 1, 3, 4, 11, 14, 15, 17, 20, 21
BL 01-15 (WHOLE DOLLARS)

Attachment II

Org Code: _____

Department Name: _____

	- A -	- B -	- C -	- D - (A x B x C)	
	Enrollment Status	Number of Enrollees ^{a/}	Change in Maximum Monthly Employer Contribution ^{b/}	Number of Months	Total
1.	Single		\$8.00	6	-
2.	2-Party		\$16.00	6	-
3.	Family		\$21.00	6	-
4.	Interagency Agreements ^{c/}	n/a	n/a	n/a	
CURRENT YEAR TOTALS/ 2000-01:		-			-

a/ Departments are to enter the number of employees eligible for this adjustment, as specified in the "Background" section of this Budget Letter, and enrolled as Single, 2-Party, or Family. Employees opting for cash value (traditional FlexElect Cash Option, COBEN, or both) must be excluded from the amount entered under the "Number of Enrollees."

b/ Represents the net increase in the State employer's maximum monthly contribution for health benefits from January 1, 2001, through June 30, 2001.

c/ The "Total" on line 4 must tie with the "Total Amount" from Attachment IV.

Departments using the "Total Adjustment" on Attachment I, as the total request for the six-month cost of the health benefit adjustment, do not need to complete Attachment II (unless requesting an adjustment for Interagency Agreements, Attachment IV).

HEALTH BENEFIT INCREASE WORKSHEET FOR UNITS 1, 3, 4, 11, 14, 15, 17, 20, 21
BL 01-15 (WHOLE DOLLARS)

Attachment III

Org Code: _____

Department Name: _____

2000-01

TOTAL BUDGET ADJUSTMENT FOR HEALTH BENEFIT INCREASES:
(Must equal current year total of Attachment I in whole dollars)

\$ _____

Main Support Item _____ \$ _____

Program/Categories

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Reimbursements _____ \$ _____

Independent/Subsidiary _____ \$ _____

Unscheduled

OR

Programs/Categories

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Reimbursements _____ \$ _____

TOTAL ADJUSTMENT, ALL FUNDS
(WHOLE DOLLARS)

\$ _____

HEALTH BENEFIT INCREASE WORKSHEET FOR UNITS 1, 3, 4, 11, 14, 15, 17, 20, 21
BL 01-15 (WHOLE DOLLARS)

Attachment IV

Org Code: _____

Interagency Agreements

Department Name: _____

- A -

- B -

- C -

- D -

- E -

- F -
(C x D x E)

CURRENT YEAR/ 2000-01					
Interagency Agreement Number ^{a/}	Receiving Department's Org Code ^{b/}	Number of Employees	Change in Maximum Monthly Employer Contribution ^{c/}	Number of Months	Total Amount
1. _____	_____	_____	_____	6	_____
2. _____	_____	_____	_____	6	_____
3. _____	_____	_____	_____	6	_____
4. _____	_____	_____	_____	6	_____
5. _____	_____	_____	_____	6	_____
TOTAL ^{d/}:					<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

a/ Departments incurring additional costs resulting from the health benefit increases associated with interagency agreements must coordinate with the department receiving reimbursement, or payment, in order to correctly complete Attachment IV. Only employees that are members of the California State Employees' Association (CSEA), may be included on Attachment IV.

b/ For departments receiving reimbursements, the interagency agreement amounts must be reflected in the receiving department's reimbursement schedules contained in the appropriate item(s).

c/ Departments may use the average State employer's maximum monthly contribution for health benefits (\$15) for those adjustments associated with the interagency agreements $[(8 + 16 + 21) / 3]$.

d/ The "Total Amount" from Attachment IV must be entered on line 4 of Attachment II, under "Total."

Note: The total adjustment for each individual interagency agreement must meet or exceed \$10,000 to be included on Attachment IV.